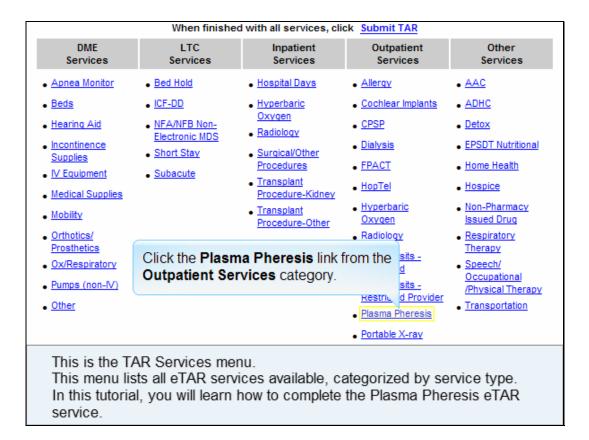Step 3: TAR Service: Plasma Pheresis

Note: Information used to complete examples is fictitious.
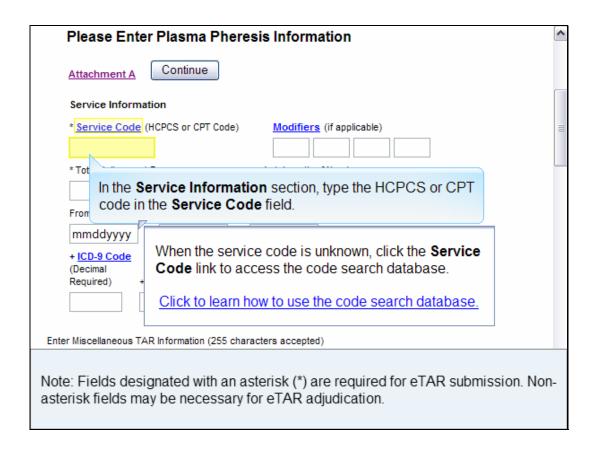
Click the **Plasma Pheresis** link from the **Outpatient Services** category.

This is the TAR Services menu.

This menu lists all eTAR services available, categorized by service type.

In this tutorial, you will learn how to complete the Plasma Pheresis eTAR service.
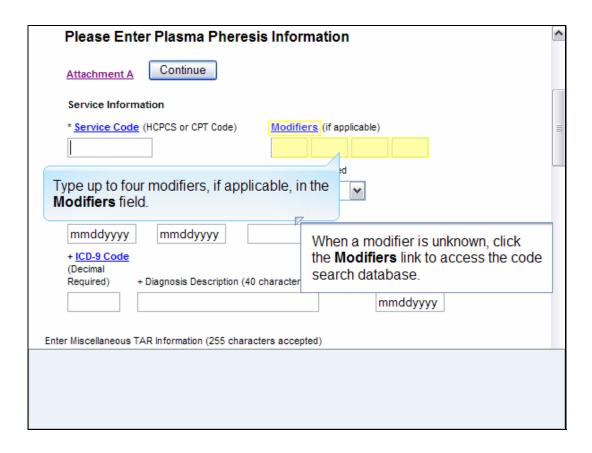
In the **Service Information** section, type the HCPCS or CPT code in the **Service Code** field.

When the service code is unknown, click the **Service Code** link to access the code search database.

Click to learn how to use the code search database.

Note: Fields designated with an asterisk (*) are required for eTAR submission. Non-asterisk fields may be necessary for eTAR adjudication.

Please Enter Plasma Pheresis Information

Attachment A   Continue

Service Information

* Service Code (HCPCS or CPT Code)   Modifiers (if applicable)

Type up to four modifiers, if applicable, in the **Modifiers** field.

mmddyyyy   mmddyyyy

+ ICD-9 Code
(Decimal
Required)   + Diagnosis Description (40 character

When a modifier is unknown, click the **Modifiers** link to access the code search database.

mmddyyyy

Enter Miscellaneous TAR Information (255 characters accepted)

Type up to four modifiers, if applicable, in the **Modifiers** field.

When a modifier is unknown, click the **Modifiers** link to access the code search database.

Please Enter Plasma Pheresis Information

Attachment A   [Continue]

Service Information

* Service Code (HCPCS or CPT Code)   Modifiers (if applicable)

z1234

* Total Units   * Frequency   Ant. Length of Need

Fro

m   Type the total number of units requested in the **Total Units** field.

+ I
(Decimal
Required)   + Diagnosis Description (40 characters accepted)   Date of Onset

mmddyyyy

Enter Miscellaneous TAR Information (255 characters accepted)

Type the total number of units requested in the **Total Units** field.

Type the number of visits needed in the **Frequency** field.

Please Enter Plasma Pheresis Information

Attachment A   [Continue]

Service Information

* Service Code (HCPCS or CPT Code)   Modifiers (if applicable)

[z1234]   [AA] [   ] [   ] [   ]

* Total Units   * Frequency   Ant. Length of Need

[26]   [   ] / [   ] [v]   [   ] / [   ] [v]

From Date   Thru Date

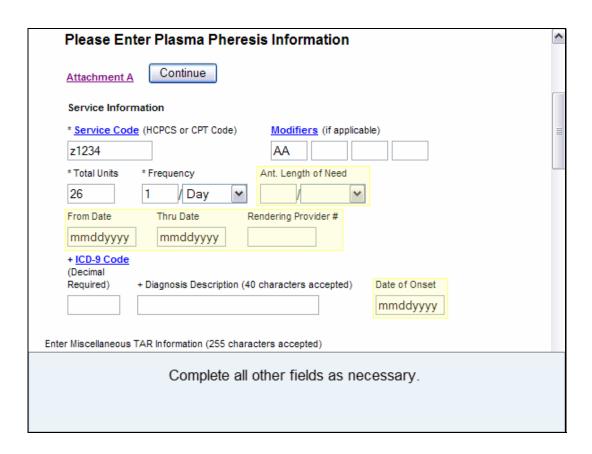[mmddyyyy]   [mmddyyyy]   Click the **Frequency** arrow and select a
                                            time period.
+ ICD-9 Code
(Decimal
Required)   + Diagnosis Description (40 characters accepted)   Date of Onset

[   ]   [   ]   [mmddyyyy]

Enter Miscellaneous TAR Information (255 characters accepted)

Click the **Frequency** arrow and select a time period.

Please Enter Plasma Pheresis Information

Attachment A   [Continue]

Service Information

* Service Code (HCPCS or CPT Code)   Modifiers (if applicable)

z1234   AA

* Total Units   * Frequency   Ant. Length of Need

26   1 / Day   /

From Date   Thru Date   Rendering Provider #

mmddyyyy   mmddyyyy

+ ICD-9 Code
(Decimal
Required)   + Diagnosis Description (40 characters accepted)   Date of Onset

                                                                     mmddyyyy

Enter Miscellaneous TAR Information (255 characters accepted)

Complete all other fields as necessary.

Complete all other fields as necessary.

When the ICD-9 code is unknown, click the **ICD-9 Code** link to access the code search database.
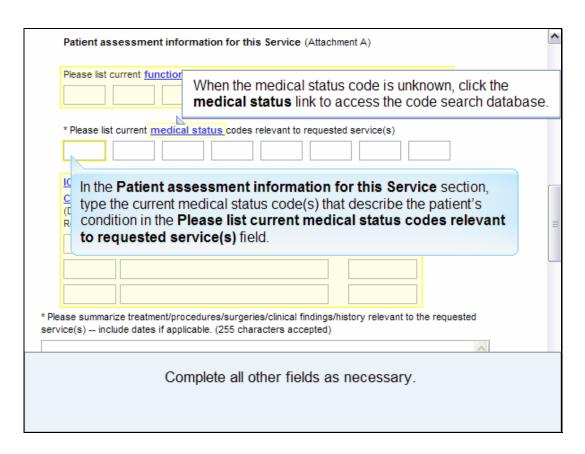
Type an ICD-9 code in the **ICD-9 Code** field if the **Diagnosis Description** field will not be completed.

Type a diagnosis description in the **Diagnosis Description** field if the **ICD-9 Code** field will not be completed.

The plus (+) symbol preceding the **ICD-9 Code** and **Diagnosis Description** fields indicates that information is required in one field or the other, not both.
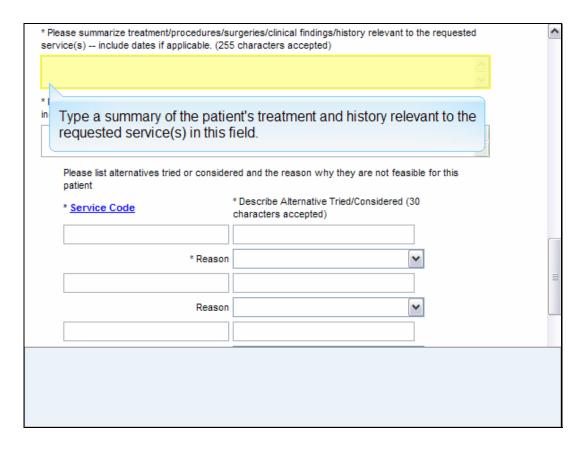
+ ICD-9 Code

Type additional details and/or medical justification pertinent to the requested services in the **Enter Miscellaneous TAR Information** field.

Enter Miscellaneous TAR Information (255 characters accepted)

Service   Continue

Patient assessment information for this Service (Attachment A)

Please list current functional limitation /physical condition codes

* Please list current medical status codes relevant to requested service(s)

Type additional details and/or medical justification pertinent to the requested services in the **Enter Miscellaneous TAR Information** field.
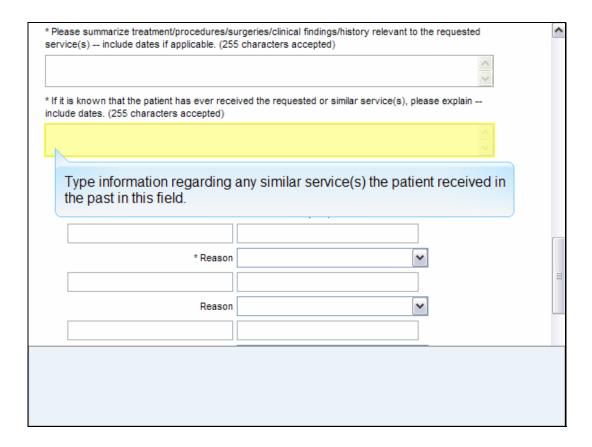
Patient assessment information for this Service (Attachment A)

Please list current function

When the medical status code is unknown, click the **medical status** link to access the code search database.

* Please list current medical status codes relevant to requested service(s)

In the **Patient assessment information for this Service** section, type the current medical status code(s) that describe the patient's condition in the **Please list current medical status codes relevant to requested service(s)** field.

* Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)

Complete all other fields as necessary.

When the medical status code is unknown, click the **medical status** link to access the code search database.

In the **Patient assessment information for this Service** section, type the current medical status code(s) that describe the patient's condition in the **Please list current medical status codes relevant to requested service(s)** field.
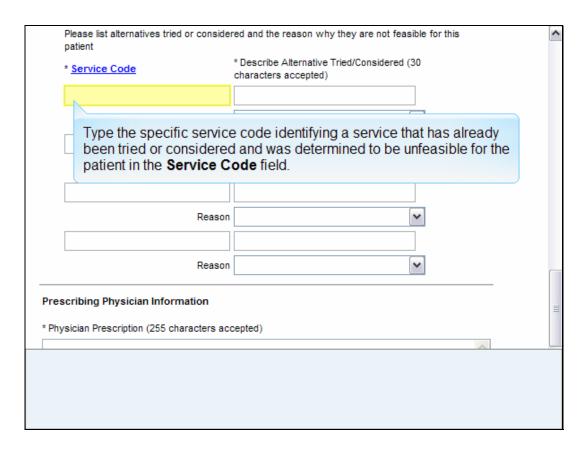
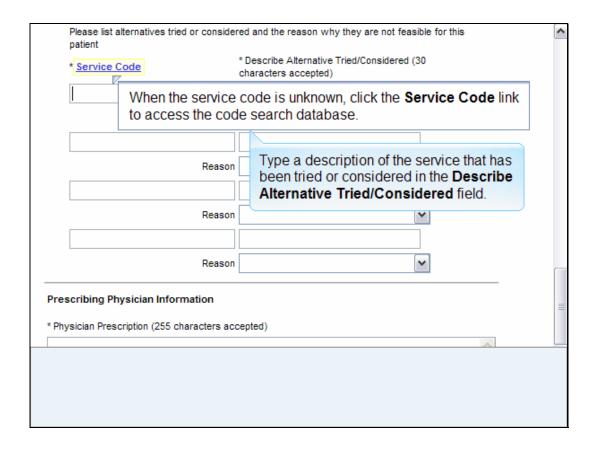Complete all other fields as necessary.

* Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)

Type a summary of the patient's treatment and history relevant to the requested service(s) in this field.

Please list alternatives tried or considered and the reason why they are not feasible for this patient

* Service Code

* Describe Alternative Tried/Considered (30 characters accepted)

* Reason

Reason

Type a summary of the patient's treatment and history relevant to the requested service(s) in this field.

* Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) -- include dates if applicable. (255 characters accepted)

* If it is known that the patient has ever received the requested or similar service(s), please explain -- include dates. (255 characters accepted)

Type information regarding any similar service(s) the patient received in the past in this field.

* Reason

Reason

Type information regarding any similar service(s) the patient received in the past in this field.

Please list alternatives tried or considered and the reason why they are not feasible for this patient

* Service Code

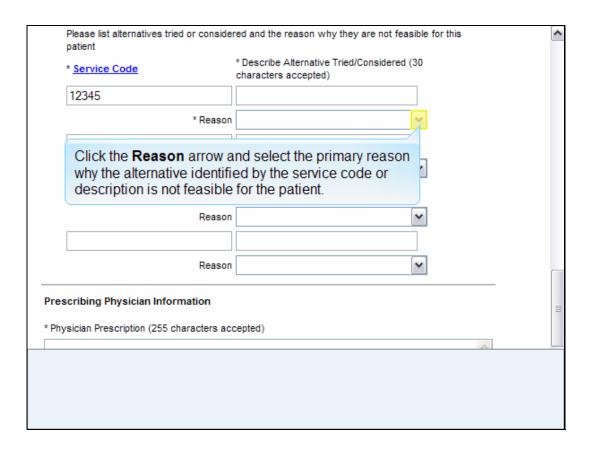* Describe Alternative Tried/Considered (30 characters accepted)

Type the specific service code identifying a service that has already been tried or considered and was determined to be unfeasible for the patient in the **Service Code** field.

Reason

Reason

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

Type the specific service code identifying a service that has already been tried or considered and was determined to be unfeasible for the patient in the **Service Code** field.
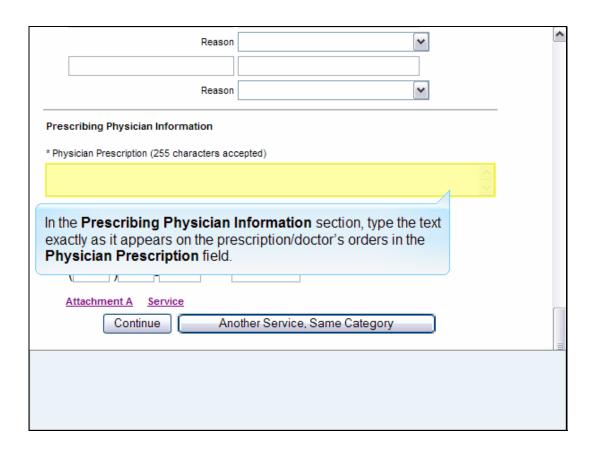
Please list alternatives tried or considered and the reason why they are not feasible for this patient

* Service Code   * Describe Alternative Tried/Considered (30 characters accepted)

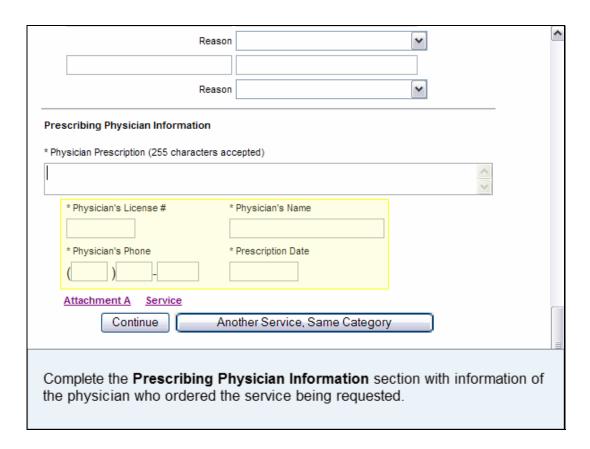When the service code is unknown, click the **Service Code** link to access the code search database.

Reason

Type a description of the service that has been tried or considered in the **Describe Alternative Tried/Considered** field.

Reason

Reason

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

When the service code is unknown, click the **Service Code** link to access the code search database.

Type a description of the service that has been tried or considered in the **Describe Alternative Tried/Considered** field.

Please list alternatives tried or considered and the reason why they are not feasible for this patient

* Service Code   * Describe Alternative Tried/Considered (30 characters accepted)
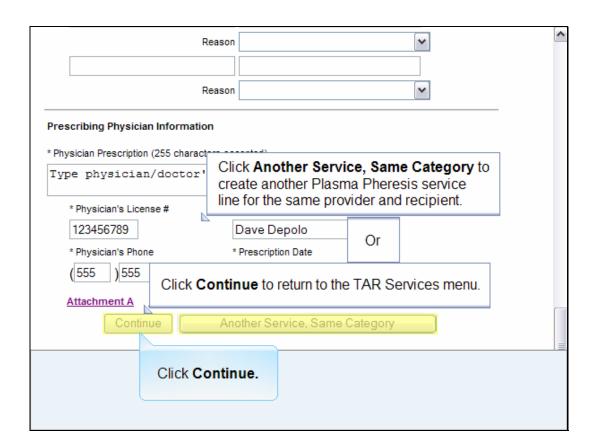
12345

* Reason

Click the **Reason** arrow and select the primary reason why the alternative identified by the service code or description is not feasible for the patient.

Reason

Reason

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

Click the **Reason** arrow and select the primary reason why the alternative identified by the service code or description is not feasible for the patient.

Reason [▼]

[   ]   [   ]

Reason [▼]

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

[   ]

In the **Prescribing Physician Information** section, type the text exactly as it appears on the prescription/doctor's orders in the **Physician Prescription** field.

Attachment A   **Service**

[Continue]   [Another Service, Same Category]

In the **Prescribing Physician Information** section, type the text exactly as it appears on the prescription/doctor's orders in the **Physician Prescription** field.

Reason [   ] [v]

[   ] [   ]

Reason [   ] [v]

Prescribing Physician Information

* Physician Prescription (255 characters accepted)

[   ]

* Physician's License #   * Physician's Name

[   ]   [   ]

* Physician's Phone   * Prescription Date

([   ]) [   ] - [   ]   [   ]

Attachment A   Service

[Continue] [Another Service, Same Category]

Complete the **Prescribing Physician Information** section with information of the physician who ordered the service being requested.

Complete the **Prescribing Physician Information** section with information of the physician who ordered the service being requested.

Click **Another Service, Same Category** to create another Plasma Pheresis service line for the same provider and recipient.

   Or

Click **Continue** to return to the TAR Services menu.

Click **Continue**.

Remember

- Fields designated with an asterisk (*) are required for eTAR submission. Non-asterisk fields may be necessary for eTAR adjudication.

- When a Service, ICD-9 or other type of code is unknown, use the code search database to find the appropriate code.

- Dates must be entered into fields using mmddyyyy format.

- The plus (+) symbol preceding the **ICD-9 Code** and **Diagnosis Description** fields indicates that information is required in one field or the other, not both.

Step 3 - *Completed*

Continue